PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003   つり 20 3ラメ												<b>ラ</b> ×
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS						•		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 385.0	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	<i>20</i> minus 20=		•			XS 9=		OR	X\$18=	7
INI	DEPENDENT C	CLAIMS	3 minus 3 =		•			X43=	<del>                                     </del>	┪┈	X86=	/
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	<del> </del>	OR	<u> </u>	<del>  /                                   </del>
* If the difference in column 1 is less than zero, enter "0" in column 2									<u> </u>	OR	+290=	/
								TOTAL	<u></u>	OR	TOTAL	770
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3						ı ·_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			=		·X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	. 1.15	<u> </u>	1	.000	
[- 11 -17								+145=	<b></b> -	OR	+290=	
		(Column 1)		(Calum	- 0)	(Cal 2)	A	DDIT. FEE		JOR ,	ADDIT. FEE	
AMENDMENT B		CLAIMS		(Colum	ST	(Column 3)	Γ		ADDI-	1		ADDI-
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	**			ı	X\$ 9=		OR	X\$18=	FEE
	Independent	*	Minus	***		· .	T	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
· · · · · · · · · · · · · · · · · · ·							Δ1	TOTAL ODIT. FEE		OR	TOTAL ODIT, FEE	
(Column 1) (Column 2) (Column 3)												٠.
MEN		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	Γ	RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	F	X\$ 9=		OR	X\$18=	
	Independent		Minus			=	H	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	A-3=		OR	∧d0= -	
• #	the entry in colu-	nn 1 is ione this at -			<b>N</b> :-		L	+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
7	he *Highest Num	ber Previously Paid	For (Total or	o oraut is i Independen	ess than t) is the	i 3, enter "3." highest number		_	propriate box			

FORM PTO-875 (Rev. 10/03)

Patient and Trademark Office, V.S. DEPARTMENT OF COMMERCE